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FACSIMILE TRANSMISSION COVER SHEET

DATE: October 16, 2006

TO: Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

EXAMINER: Krishnan S. Menon, Group Art Unit 1723

RE: U.S. Patent Application No. 10/757,865
For: Purification Device for Ribonucleic Acid in Large Volumes, and Method
Our Ref.: 5010-080-01

FROM: Scott D. Balderston


FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 19

Papers Filed Herewith: Transmittal Form 1 Page
Fee Transmittal 1 Page
Credit Card Payment Form PTO-2038 1 Page
Request for Continued Examination 1 Page
Amendment After Final Rejection 14 Pages

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Virginia J. Byers
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/757,885
		Filing Date	January 15, 2004
		First Named Inventor	LIM et al.
		Group Art Unit	1723
		Examiner Name	Krishnan S. MENON
Total Number of Pages in This Submission	18	Attorney Docket Number	5010-080-01
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Amended Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Credit Card Payment Form PTO-2036 for \$790.00 Customer No. 35411	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Scott D. Balderston, Esq./Registration No. 35,436		
Signature			
Date	October 16, 2006		
CERTIFICATE OF MAILING			
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Type or printed name	Virginia J. Byers		
Signature		Date	October 16, 2006

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/757,865 Filing Date January 15, 2004 First Named Inventor LIM et al. Examiner Name Krishnan S. MENON Art Unit 1723 Attorney Docket No. 5010-Q80-01	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER OCT 16 2006	
TOTAL AMOUNT OF PAYMENT (\$790.00)			

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: Kilyk & Bowersox, P.L.L.C.
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

RCE Fee	Fees Paid (\$)
	790.00

SUBMITTED BY			
Signature	<i>Scott D. Balderston</i>	Registration No. (Attorney/Agent)	35,436
Name (Print/Type)	Scott D. Balderston	Telephone	703-385-9688
		Date	October 16, 2006

This collection of information is required by 37 CFR 1.155. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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